**Transcript Release Authorization**

*Please return form to the Severna Park Middle School Counseling Center*

This form is to be used by current Severna Park Middle School students. This form must be signed by a parent/legal guardian and returned to the Counseling Center to request transcripts. This **one-time** form will give SPMS permission to release your transcripts, letters of recommendation, and school reports to any school(s). If a letter of recommendation is also needed you must submit the request and letter of recommendation packet to their counseling secretary.

*\*Please note that there is a $2.00 per transcript fee due to the Counseling Department before the transcripts are released. Transcripts will not be sent until payment has been received.*

I give Severna Park Middle School permission to send transcripts, letters of recommendation, and school reports to any institution requested. I understand that my transcripts will not be sent until the $2.00 per transcript fee has been paid.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This form may be mailed, emailed, or faxed to the SPMS Counseling Center:**

*Severna Park Middle School*

*450 Jumpers Hole Road*

*Severna Park, MD 21146*

*410-431-5376 (fax)*

*410-647-7900*

*E-mail:* *ktruffer@aacps.org*

**Note: Allow five to seven business days for processing especially during peak seasons.**

**Transcript Request Form**

Please allow 5 to 7 business days for processing.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_ Withdrawal Date:\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Transcript Request ($2 per transcript, per school)

\_\_\_\_\_\_\_\_ Records Request: \_\_\_\_\_\_ Immunization ($2)

 \_\_\_\_\_\_ IEP/504 ($.25 per page)

 \_\_\_\_\_\_ Teacher Recommendation-Please specify which teacher(s).

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give Severna Park Middle School permission to send transcripts, letters of recommendation, and school reports to any institution requested.

 I understand that my transcripts will not be sent until the $2.00 per transcript fee has been paid.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date

Records to be (Please check one):

 [ ]  Hand carried (will pick up from SPMS)

 [ ]  Mailed to an address(es) listed below

 [ ]  Faxed to registrar

 [ ]  Email to registrar

|  |  |  |  |
| --- | --- | --- | --- |
| School Name | Address | Fax Number | Email Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

This form may be mailed to the address below. Payment must be enclosed to process your request.

Severna Park Middle School⏺Attention: School Registrar ⏺450 Jumpers Hole Road ⏺Severna Park, MD 21146

For Office Use Only: Date Recv’d: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_